

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/519,495-Conf. #5386
		Filing Date	December 30, 2004
		First Named Inventor	Ingela PETERSSON
		Examiner Name	C. C. Stokes
		Art Unit	3732
TOTAL AMOUNT OF PAYMENT		(\$)	870.00
		Attorney Docket No.	0104-0497PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																														
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																														
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)																																																							
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																																																								
Utility	310	155	510	255	210	105																																																								
Design	210	105	100	50	130	65																																																								
Plant	210	105	310	155	160	80																																																								
Reissue	310	155	510	255	620	310																																																								
Provisional	210	105	0	0	0	0																																																								
2. EXCESS CLAIM FEES																																																														
Fee Description							Small Entity Fee (\$)																																																							
Each claim over 20 (including Reissues)							50																																																							
Each independent claim over 3 (including Reissues)							210																																																							
Multiple dependent claims							370																																																							
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>30</td> <td>- 20 = 10</td> <td>x 50.00 =</td> <td>500.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td colspan="7"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>- 3 =</td> <td>x</td> <td></td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table> </td> </tr> <tr> <td colspan="7"></td> <td>370.00</td> </tr> <tr> <td colspan="7"></td> <td>370.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	30	- 20 = 10	x 50.00 =	500.00				HP = highest number of total claims paid for, if greater than 20.							<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>2</td> <td>- 3 =</td> <td>x</td> <td></td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	2	- 3 =	x		HP = highest number of independent claims paid for, if greater than 3.											370.00								370.00
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3. APPLICATION SIZE FEE																																																														
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																														
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)																																																								
		- 100 =	/50 =		(round up to a whole number) x																																																									
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4. OTHER FEE(S)																																																														
Non-English Specification, \$130 fee (no small entity discount)																																																														
Other (e.g., late filing surcharge):																																																														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,368
Name (Print/Type)	Paul C. Lewis	Telephone	(703) 205-8000
		Date	January 10, 2008